
LOS ANGELES COUNTY
HIV PREVENTION PLANNING COMMITTEE (PPC)
A Select Committee of the Commission on HIV Health Services
600 South Commonwealth Avenue, 6th Floor•Los Angeles CA 90005-4001

MEETING SUMMARY
Thursday, March 4, 2004
1:00 PM - 6:20 PM
St. Anne's Foundation – Conference Room
155 N. Occidental Blvd.-Los Angeles, CA 90005

MEMBERS PRESENT

Jeff Bailey	Vanessa Talamantes*
Mario Perez*	Chi-Wau Au
Sergio Avina*	Diane Brown*
Richard Browne*	Gordon Bunch
Cesar Cadabes*	Edward Clarke
David Giugni*	Edric Medina
Veronica Morales*	Ricki Rosales
Kathy Watt	Freddie Williams
Richard Zaldivar	

ABSENT

Antonio Bustamante
Vicky Ortega
Gail Sanabria
Rodolfo Zamudio

*** Denotes present at one (1) of the roll calls**

STAFF PRESENT

Juli-Ann Carlos	Michael Green	Cherie Holloway	Mike Janson
John Mesta	Pamela Ogata	Gabriel Rodriguez	Rene Seidel
Anna Soto	Gwendolyn Thompson	Cheryl Williams	Paulina Zamudio

I. ROLL CALL –

Roll call was taken. A quorum was present.

II. COLLOQUIA PRESENTATION

“Evaluation of Stop the Sores: A Social Marketing Campaign for Gay & Bisexual Men in Los Angeles County” presented by Jorge Montoya, LAC/STD Program; Michael Garcia, AIDS Healthcare Foundation; and Harlan Rotblatt, LAC/STD Programs. Copies of the presentations are on file.

Between 1999 and 2002, Los Angeles experienced a large increase in early syphilis among gay and bisexual White and Latino men in SPA 4. In response, the Los Angeles County Department of Health Services in collaboration with AIDS Healthcare Foundation and other community-based organizations launched a social marketing campaign. The primary objective of the *Stop the Sores* campaign was to increase syphilis testing among gay and bisexual men. The secondary objectives included increased awareness and knowledge about syphilis.

The Stop the Sores campaign included: Gay Newspaper & Magazine Advertising, Palm Cards & Stress Grips, Web Site and a campaign linked Outreach with “Phil the Sore” costume. The campaign goals were: increased awareness, increased Syphilis testing, and increased Syphilis knowledge among gay and bisexual men. These sources provided information on symptoms, transmission and prevention of Syphilis and hours/locations for test and treatment sites.

119 interviews were conducted with men, who had a male sex partner, between the age of 18 to 60. The breakdown on the interviewees were:

- 13% MSM/W
- 87% MSM

QUESTION: For the evaluation component, did you see a trend related to the hot Line calls (i.e. more calls after counseling and testing, World AIDS Day, etc.)?

ANSWER: We did not identify any trends.

QUESTION: Were any of the surveys conducted in Spanish? If yes, how many?

ANSWER: The survey itself was not in Spanish; however, a couple of the surveys were translated into the Spanish (on the spot) by bilingual surveyors. These were interviews, not self-administered surveys.

QUESTION: You reported there no transgender respondents, is this a total of the sample number?

ANSWER: Yes, unfortunately we did not interview any transgender individuals. Next time, we will attempt to sample a wider range of individuals.

QUESTION: Did you survey any American Indian men?

ANSWER: No.

QUESTION: Did you only survey the area that had the highest incidence rate of Syphilis?

ANSWER: Yes.

QUESTION: Was there any difference between HIV+ and HIV- respondents in terms of Syphilis testing?

ANSWER: There was no difference.

QUESTION: Of the respondents with HIV unknown status, did you do any further analysis on those unknown HIV status and did they get tested for either or both (HIV and/or Syphilis)?

ANSWER: We did not. The sample size of respondents with unknown HIV status was small.

QUESTION: In terms of the Latino interviews, did you obtain any sense of acculturation status?

ANSWER: We did not. The survey was not designed to get a sense of acculturation.

III. REVIEW/APPROVAL OF MEETING AGENDA

An approved motion was made to amend the agenda as follows:

1. Roll Call
2. Colloquia Presentation
3. Approval of Agenda
4. Approval of Meeting Summary
5. Public Comment
6. HIV Epidemiology Presentation
7. Break
8. Intervention Recommendations Discussion/Vote
9. Follow Up Discussion on Resource Allocations/Vote
10. Community Co-Chairs Report
11. Governmental Co-Chair Report
12. Sub Committee Reports
13. PPC Membership
14. Announcements
15. Closing Roll Call
16. Adjournment

IV. REVIEW/APPROVAL OF FEBRUARY 5, 2004 MEETING SUMMARY

The DRAFT February 5, 2004 Meeting Summary was approved without any corrections.

V. PUBLIC COMMENT

- **Edgar Garcia**, The Wall Las Memorias, announced the Faith-Based HIV/AIDS Forum to be held at the Epiphany Episcopal Church on Thursday, March 11, 2004.
- **Bryan Risley**, APLA, solicited involvement from Community Based Organizations for the Los Angeles HIV Awareness Vaccine Forum scheduled for May 18, 2004.
- **Glenn Dodd**, Los Angeles County-Office of Education, endorsed the need to allocate resources to school based HIV prevention and interventions.

- **Ruth Slaughter**, PROTOTYPES, questioned why can't Community Based Organizations indicate "refreshments will be served" on event flyers.

VI. HIV EPIDEMIOLOGY PRESENTATION

Dr. Nina Harawa presented "In what country were you born? Differences in identity and behavior between US and foreign born Latino MSM".

Little research in the United States has investigated how immigrants differ from natives in terms of HIV risk and risk behaviors. Cultural and other social influences, including acculturation, may uniquely influence how immigrants self-identify and respond to HIV prevention messages.

The study consisted of 1,353 Latino MSM who reported having sex with another man during their lifetime. Compared to US born MSM:

- foreign-born Latino MSM were equally likely to perceive themselves to be at high risk for HIV but
- foreign-born less likely to identify as homosexual or bisexual
- foreign-born Latino MSM were more likely to report sex with women in the past 12 months
- foreign-born more likely to be currently married or cohabiting
- foreign-born were Latino MSM were less likely to report a previous HIV test
- foreign-born are more likely to accept confidential HIV testing at their current visit.
- foreign-born Latino MSM were more likely to report exchange of sex for drugs or money, but did not report higher levels of other sexual risks.
- foreign-born Latino MSM reported lower levels of alcohol and substantially lower levels of other drug use in the previous 12 months.

Time in the United States indicates:

- little to no differences with time: sexual identity, risk perception, exchange sex, sex with an IDU and sex under the influence.
- increases with time: sex with only males, history of HIV testing, refusing confidential HIV testing, non-marriage/cohabitation, history of STD.

In conclusion,

1. Immigration and acculturation have complex relations with HIV risk and utilization of HIV services.
2. Latino MSM appear to have lower levels of many risks than US born.
3. The combination of risk behavior and identity may place immigrant females at elevated risk and make both groups harder to reach through traditional methods of HIV outreach and prevention.

A copy of the presentation is on file.

QUESTION: Why is there a need to categorize sexuality?

ANSWER:

QUESTION: Did you get a sense of what proportion of Latinos MSM use protection?

ANSWER: Question the validity of the data, since the data came from one of seven county run STD clinics.

VII. BREAK

VIII. DISCUSSION ON RECOMMENDED INTERVENTIONS/VOTE

MOTION: *The Prevention Plan Ad Hoc Sub Committee recommends, for contribution to prioritizing interventions by SPA, the use of the "Summary of Recommended HIV Interventions" table provided by CHIPTS (the Center for HIV Identification, Prevention and Treatment Services). To make this table operational, the PPC must ensure that training is offered to service providers educating them on the use of this table. Service providers must include in their proposal access and capacity to utilize appropriate technical assistance for adapting or tailoring these interventions as well as comprehensive program evaluation.*

A copy of the document developed earlier this year by the Standards & Best Practices Sub Committee, Summary of Intervention Recommendations for the Los Angeles County HIV Prevention Plan (dated

03/02/04) and a copy of the "Summary of Recommended HIV Interventions developed by CHIPTS are included in the March 4, 2004 PPC Meeting packet and on file.

Service providers are recommended to use any of the interventions listed on the table and CHIPTS will be providing and training will be provided by CHIPTS on obtaining more information on the interventions that are recommended by the CDC (Center for Disease Control and Prevention) and other recommended interventions that were listed at other meeting.

The Prevention Planning Ad Hoc Sub Committee recognizes that not all of the BRGs approved by the PPC are included in this grid AND/OR there is not a wealth of interventions that represent all of the BRGs. The Prevention Plan Ad Hoc Sub Committee also recommends that the PPC adapt and tailor the language that the CDC is using around adapting and tailoring interventions when an agency selects an intervention that was not implemented in a specific target population.

COMMENT REGARDING TRAINING: Rose Veniegas, CHIPTS, yes is available to provide training and orientation for the use of the table provided in the packet; however, CHIPTS is not the expert on every intervention on the table.

After discussion, the motion was amended to reflect the following:

*The Prevention Plan Ad Hoc Subcommittee recommends, for contribution to prioritizing interventions by **BRG**, the use of the "Summary of Recommended HIV Interventions" table provided by the Center for HIV Identification, Prevention and Treatment Services (CHIPTS) and the **PPC Prevention Plan Ad Hoc Sub Committee's documents from the Standards and Best Practices Sub Committee**. To make this table operational, the PPC must ensure that training is offered to service providers educating them on the use of this table. Service providers must include in their proposal access and capacity to utilize appropriate technical assistance for adapting or tailoring these interventions as well as comprehensive program evaluation.*

A motion was made by Cesar Cadabes and seconded by Sergio Avina to adopt the grid titled "Summary of Intervention Recommendations for the Los Angeles County HIV Prevention Plan dated 03/02/04" with the inclusion of "outreach worker language" in IDUs be adopted by the PPC. Kathy Watt made a motion by Kathy Watt to amend the previous motion.

The motion reads, ***the Los Angeles County Prevention Planning Committee will adopt the document titled Summary of Intervention Recommendations for the Los Angeles County HIV Prevention Plan –dated 03/02/04 with amended language around outreach workers providing counseling and testing to Injection Drug Users as well as language stating that applications may be responsive when they consider evidence of interventions that have been effective locally.***

Vote was taken. 17 Yes, 0 No, 1 Abstain. **MOTION PASSES.**

IX. FOLLOW UP DISCUSSION ON RESOURCE ALLOCATIONS/VOTE

Based on the DRAFT document titled HIV Prevention Planning Committee – Recommendations – Resource Allocations and Interventions dated March 4, 2004, page 2, section 3 Allocations by Service Type (item 4.5 – School Based Prevention).

QUESTION: What is the rationale to fund School Based Prevention (Continuation Schools)?

ANSWER: It was felt that with a more limited population, we could make a greater impact rather than having broad based programs attempting to reach larger quantities. Through Assembly Bill 11 (AB-11) HIV education is mandated in the 5th grade, middle school and high school by the State of California – Office of Education (unfunded mandate).

QUESTION: Based on your experience (going into the schools), are you allowed to access for sexual risk taking behaviors among the students?

ANSWER: Yes, in some of the schools and no, in other schools.

QUESTION: What impacts are some of the boards (of education for school districts) having on the type of HIV education that can be provided in the schools?

ANSWER: There is disconnect between what is mandated and what is funded. The school boards can not afford to send teachers to training nor can they (school boards) afford to purchase curriculum. 40%

of Los Angeles County is covered by the Los Angeles Unified School District and 60% of Los Angeles County is unfunded.

QUESTION: Is there any collaboration with the Los Angeles Unified School District (LASUD) or are there any plans to collaborate with LAUSD because it seems it would make an effective “outreach” plan to spread the dollars to all the young people of Los Angeles, not just the city or the county?

ANSWER: No collaboration with LAUSD.

MOTION by Kathy Watt and second by Freddie Williams to adopt the gird on page 2, item #3 Allocations by Service Type from the DRAFT document titled HIV Prevention Planning Committee – Recommendations – Resource Allocations and Interventions dated March 4, 2004 with the following changes in section 4.0 Other Special Initiatives:

- 4.4 Coordinated Prevention Network (CPN) reduce from 2.0% to 1.5%
- 4.5 School Based Prevention (Continuation Schools) to School Based Prevention (Structural Interventions) increase from 1.5 % to 2.0%

Vote taken: 11 Yes, 3 No, 2 Abstain. **MOTION PASSES.**

Allocations by Service type is as follows:

SERVICE DESCRIPTION	RECOMMENDED % ALLOCATION
1.0 Health Education/Risk Reduction (HE/RR)	
1.1 HE/RR by BRG	60.1%
1.2 Corrections HE/RR	1.5%
sub-total	61.6%
2.0 HIV Counseling and Testing	
2.1 HCT by BRG	11.3%
2.2 Mobile Testing by BRG (to encompass Multiple Morbidity Screening)	7.8%
2.3 Partner Counseling (Contractual)	0.4%
2.4 Partner Counseling and Referral Services (PCRS)	1.2%
sub-total	20.7%
3.0 Set Asides	
3.1 Evaluation/Training	4.0%
3.2 Capacity Building/Technical Assistance	4.0%
3.3 PPC Support	1.5%
sub-total	9.5%
4.0 Other Special Initiatives	
4.1 Directory/Client Advocacy	0.5%
4.2 Faith-Based HIV Prevention	1.5%
4.3 Social Marketing	2.7%
4.4 Coordinated Prevention Network (CPN)	1.5%
4.5 School Based Prevention (Structural Interventions)	2.0%
sub-total	8.2%
TOTAL	100.0%

MOTION by Ricki Rosales and second by Gordon Bunch to adopt the gird on page 4, item # 7 Allocations by Service Planning Area (SPA) from the DRAFT document titled HIV Prevention Planning Committee – Recommendations – Resource Allocations and Interventions dated March 4, 2004. This allocation recommendation is based on Gunther Freehill’s January 6, 2004 PPC Presentation titled Estimating Need and the multiple indicators of Living AIDS cases, recent AIDS cases, HIV Counseling and Testing data, substance use data and poverty level. The allocations by Service area are as follows:

SERVICE PLANNING AREA (SPA)	RECOMMENDED % ALLOCATION
SPA 1: Antelope Valley	2.03%
SPA 2: San Fernando	14.79%
SPA 3: San Gabriel	11.28%
SPA 4: Metro	25.64%
SPA 5: West	4.88%
SPA 6: South	16.02%
SPA 7: East	10.40%
SPA 8: South Bay	14.95%

Vote taken: 14 Yes – **MOTION PASSES**

MOTION by Jeff Bailey and second by Edward Clarke to adopt the language on page 3, item # 4B from the DRAFT document titled HIV Prevention Planning Committee – Recommendations – Resource Allocations and Interventions dated March 4, 2004. “Allocate funding within each SPA based on Persons Living with AIDS in Los Angeles County – Percent BRG by SPA from the HIV Epidemiology presentation titled HIV/AIDS & High Risk Behaviors among BRGs in Los Angeles County (page 2, slide F)” taking in account transgender individuals not included in the presentation, but allocate resources in SPA 2, SPA 3, SPA 4, SPA 6 and SPA 8 for Transgenders.
MOTION DECLINED/WITHDRAWN.

MOTION by Kathy Watt and second by Mario Perez to adopt the table on page 4, item # 6 from the DRAFT document titled HIV Prevention Planning Committee – Recommendations – Resource Allocations and Interventions dated March 4, 2004 for Allocations for Youth. The PPC recommends the following allocations for youth ages 24 and under in the BRGs listed below:

Behavioral Risk Group (BRG)	Youth Allocation
MSM	20%
MSM/W	15%
WSR	20%
TSR/TIDU	20%

Vote taken: 12 Yes, 0 No, 2 Abstain – **MOTION PASSES**

The Prevention Plan Ad Hoc Sub Committee recommended revisiting the previous decision (at February 5, 2004 PPC Meeting) regarding the distribution of funds targeting HIV infected persons. A motion was made by Kathy Watt and second by Mario Perez to replace the previous recommendation with the following recommendations:

1. Recommend the following range for allocating funds for Prevention with Positives for the following BRGs:

Behavioral Risk Group (BRG)	Minimum Allocation
MSM	20%
MSM/W	10%
WSR	10%
MSM/IDU	20%
TSR/TIDU	20%

2. Recommend that PHIP allocations for MSM/W and WSR and their partners is utilized strictly for social marketing campaigns targeting both of these BRGs collaboratively and in consortium with several service providers.
3. Recommend that programs or interventions targeting any IDU or Transgender population must provide services that are inclusive of both HIV-(negative) and HIV+ (positive) populations.

Vote taken: 12 Yes, 0 No, 1 Abstain – **MOTION PASSES**

X. COMMUNITY CO-CHAIRS REPORT

XI. GOVERNMENTAL CO-CHAIR REPORT

XII. SUB-COMMITTEE REPORTS

- ◆ Prevention Plan Ad Hoc
- ◆ CHHS Update
- ◆ Youth Leadership
- ◆ Joint Public Policy
- ◆ State Office of AIDS Update

XIII. PPC MEMBERSHIP & RECRUITMENT

Motion by Edric Mendia and second by Kathy Watt to accept the PPC Executive Sub Committee recommendations for the appointment of Rose Veniegas and Royce Sciortino to the PPC.

Awaiting resignation letters from Rodolfo Zamudio and Gail Sanabria. The PPC has vacancies for African American MSM/W and White MSM.

XIV. ANNOUNCEMENTS

XV. CLOSING ROLL CALL

XVI. ADJOURNMENT

Note: All agenda items are subject to action.

NOTE: All HIV Prevention Planning Committee (PPC) meeting summaries, tapes and documents are available for review and inspection at Office of AIDS Programs and Policy (OAPP) located at 600 South Commonwealth Avenue, 6th Floor, Los Angeles, CA 90005. To make an appointment to review these documents, please call Cheryl Williams at (213) 351-8126.

cw(PPC03-04-04min) Revd03-17-04